

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U-2724</u>	2. Fiscal Year Covered From: <u>AMENDED</u> 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>SCOTT A. BROWN</u> P.O. Box, Bldg., Room No., if any <u>1500</u> Street <u>E MICHIGAN Columbia</u> City <u>BATTLE CREEK</u> State <u>Michigan</u> ZIP Code + 4 <u>49017-5137</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS AFL-CIO LOCAL UNION 355</u> Labor Organization File Number <u>541-509</u> P.O. Box, Building and Room Number, if any <u>1500</u> Street <u>E MICHIGAN Columbia</u> City <u>BATTLE CREEK</u> State <u>Michigan</u> ZIP Code + 4 <u>49017-5137</u>
5. Position in labor organization. <u>EXECUTIVE BOARD MEMBER/DELEGATE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Scott A. Brown

On 8/15/05
Date

269 317 4457
Telephone Number

Name of Person Filing SCOTT BROWN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SPARTAN TRAVEL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 3032

Street LAKE LANSING RD.

City EAST LANSING

State Michigan ZIP Code + 4 48823-2207

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MICHIGAN LABORERS' TRAINING & APPRENTICESHIP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6525

Street CENTURION DRIVE

City LANSING

State Michigan ZIP Code - 4 48917-9275

11.a. Nature of such dealing.

LODGING FOR JOINT BOARD OF TRUSTEES MEETING 5/23/04 AND 5/24/04.

11.b. Approximate dollar value of such dealing.

\$274

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing SCOTT BROWN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL FOUNDATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 69

Street

City BROOKFIELD

State Wisconsin ZIP Code + 4 53008-0069

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MICHIGAN LABORERS' TRAINING & APPRENTICESHIP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6525

Street CENTURION DRIVE

City LANSING

State Michigan ZIP Code + 4 48917-9275

11.a. Nature of such dealing.

REGISTRATION FEE FOR 2004 ANNUAL CONFERENCE IN NOVEMBER.

11.b. Approximate dollar value of such dealing.

\$915

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing SCOTT BROWN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MICHIGAN LABORERS' TRAINING & APPRENTICESHIP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6525

Street CENTURION DRIVE

City LANSING

State Michigan ZIP Code + 4 48917-9275

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAYMENT FOR ALL EXPENSES INCURRED WHILE ATTENDING THE 2004 INTERNATIONAL FOUNDATION CONFERENCE IN NOVEMBER.

11.b. Approximate dollar value of such dealing.

\$2,047

12.a. Nature of interest held or income received.

12.b. Amount.